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							(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		R ATTO		CONFIRMATION NO.
10/537,856 06/07/2005			Martin S. Wilcox		GB02 021		7210
TITLE OF INVENTION:	METHOD AND APPA	RATUS FOR MEASUR	ING DISTANCE USE	NG DUAL-COMPON	NENT R	ADAR	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	10/09/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHEN, SHELLEY		366I	342-II8000	342-118000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address for Change of Correspondence Address from PTO/SB/122) natached.  The Address' indication (or Tee Address' Indication form PTO/SB/17, 8v 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE, NOTE: Unless an assignce is identified below, no assigner excordation as set forth in 37 CFR 3.11. Completion of this form is N (A) NAME OF ASSIGNEE.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent. If no name is 3 isted, no name will be printed.  THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for 1 a substitute for filing an assignment.				
Koninklijke Philips Electronics N.V. Eindhoven, The Netherlands						ands	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) an  Main Issue Fee  Main Publication Fee (No  Main Advance Order - #	small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.  ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to be posit Account Number 2 4 − 12 1 (enclose an extra copy of this form).					
<ol> <li>Change in Entity Statu</li> <li>a. Applicant claims</li> </ol>			D.b. Apolicant is no	longer claiming SM	ALL EN	FITY status. See 37 CF	Π 1 27(α)(2)
							e assignee or other party in
Authorized Signature _	_/Michael					per 9, 2009	
Typed or printed name	Michael	E. Belk		Registration	No	33,357	
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